

MAY 05 2004

Express Mail Mailing Label No. EV219066596US

TRANSMITTAL FORM

Application Serial Number	09/839,840
Filing Date	April 23, 2001
First Named Inventor	Culliss
Group Art Unit	2645
Examiner Name	Hoosain, Allan
Attorney Docket No.	SBC-002CP
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg.) <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time (1 pg.) <input checked="" type="checkbox"/> Information Disclosure Statement (2 pgs.) <input checked="" type="checkbox"/> Form PTO-1449 (1 pg.) <input checked="" type="checkbox"/> Copies of Certain IDS Citations (C1-C2) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal (2 pgs.) <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
--	---	--

RECEIVED

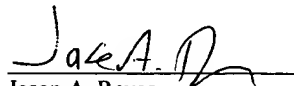
MAY 07 2004

Technology Center 2600

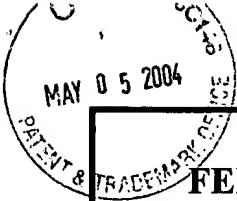
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
 Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

 Jason A. Reyes
 Attorney for the Applicant
 Testa, Hurwitz & Thibault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

Date: May 5, 2004
 Reg. No. 41,513
 Tel. No.: (617) 248-7589
 Fax No.: (617) 248-7100

**FEE TRANSMITTAL**
FY 2004

Complete if Known	
Application Serial Number	09/839,840
Filing Date	April 23, 2001
First Named Inventor	Culliss
Group Art Unit	2645
Examiner Name	Hoosain, Allan
Attorney Docket No.	SBC-002CP

RECEIVED

MAY 07 2004

Technology Center 2600

METHOD OF PAYMENT				FEE CALCULATION (continued)																																							
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES																																							
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.																																											
3. <input checked="" type="checkbox"/> Applicant claims small entity status.																																											
FEE CALCULATION																																											
1. FILING FEE																																											
<table><thead><tr><th>Large Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>770</td><td>Utility filing fee</td><td></td></tr><tr><td>340</td><td>Design filing fee</td><td></td></tr><tr><td>160</td><td>Provisional filing fee</td><td></td></tr></tbody></table>				Large Entity Fee (\$)	Fee Description	Fee Paid	770	Utility filing fee		340	Design filing fee		160	Provisional filing fee																													
Large Entity Fee (\$)	Fee Description	Fee Paid																																									
770	Utility filing fee																																										
340	Design filing fee																																										
160	Provisional filing fee																																										
<table><thead><tr><th></th><th>Number Filed</th><th>Number Extra</th><th>Rate</th><th>Amount</th></tr></thead><tbody><tr><td>Total Claims</td><td>- 20 =</td><td></td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Independent Claims</td><td>- 3 =</td><td></td><td>x \$ 86.00 =</td><td></td></tr><tr><td><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td></td><td></td><td>\$290.00 =</td><td></td></tr><tr><td colspan="4">TOTAL:</td><td></td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$)</td><td>0.00</td></tr></tbody></table>					Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =		x \$ 18.00 =		Independent Claims	- 3 =		x \$ 86.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$290.00 =		TOTAL:					SMALL ENTITY DISCOUNT:					SUBTOTAL (1)				(\$)	0.00				
	Number Filed	Number Extra	Rate	Amount																																							
Total Claims	- 20 =		x \$ 18.00 =																																								
Independent Claims	- 3 =		x \$ 86.00 =																																								
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$290.00 =																																								
TOTAL:																																											
SMALL ENTITY DISCOUNT:																																											
SUBTOTAL (1)				(\$)	0.00																																						
2. AMENDMENT CLAIM FEES																																											
<table><thead><tr><th>Claims Remaining After Amend.</th><th>Highest No. Previously Paid For</th><th>Present Extra</th><th>Rate</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Total</td><td>- =</td><td></td><td>x \$ 18.00 =</td><td></td></tr><tr><td>Indep.</td><td>- =</td><td></td><td>x \$ 86.00 =</td><td></td></tr><tr><td><input type="checkbox"/> First Presentation of Multiple Dep. Claim</td><td></td><td></td><td>+ \$290.00 =</td><td></td></tr><tr><td colspan="4">TOTAL:</td><td>(\$)</td></tr><tr><td colspan="4">SMALL ENTITY DISCOUNT:</td><td>(\$)</td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$)</td><td>0.00</td></tr></tbody></table>				Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	- =		x \$ 18.00 =		Indep.	- =		x \$ 86.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =		TOTAL:				(\$)	SMALL ENTITY DISCOUNT:				(\$)	SUBTOTAL (2)				(\$)	0.00				
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																							
Total	- =		x \$ 18.00 =																																								
Indep.	- =		x \$ 86.00 =																																								
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$290.00 =																																								
TOTAL:				(\$)																																							
SMALL ENTITY DISCOUNT:				(\$)																																							
SUBTOTAL (2)				(\$)	0.00																																						
				SUBTOTAL (3) (\$)				860.00																																			
				SUBTOTAL (1)				0.00																																			
				SUBTOTAL (2)				0.00																																			
				SUBTOTAL (3)				860.00																																			
				TOTAL (\$)				860.00																																			
CORRESPONDENCE ADDRESS				SIGNATURE BLOCK																																							
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted, Jason A. Reyes Attorney for the Applicant Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110																																							
Date: May 5, 2004 Reg. No.: 41,513 Tel. No.: (617) 248-7589 Fax No.: (617) 248-7100																																											



Express Mail Mailing Label No. EV219066596US

#20
VT
5/11/04

PATENT
Attorney Docket No. SBC-002CP
(7620/6)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Culliss CONFIRMATION NO. 2049
APPLICATION NO.: 09/839,840 ART UNIT: 2645
FILING DATE: April 23, 2001 EXAMINER: Hoosain, Allan
TITLE: Answering Machine Detection for Voice Message Delivery Method and System

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

MAY 07 2004

INFORMATION DISCLOSURE STATEMENT

Technology Center 2600

Sir:

In accordance with the provisions of 37 C.F.R. 1.97 and 1.98, the Applicant hereby makes of record the patents and publications listed on the accompanying Form PTO-1449, and other information contained herein, for consideration by the Examiner in connection with the examination of the above-identified patent application. Paper copies of references C1-C2 are enclosed. Per 37 C.F.R. 1.98(d), references A1-A10 and C3-C4 were previously submitted to, or cited by, the Office in U.S. Patent Application No. 09/751,931, which is relied upon in the present case for an earlier effective filing date under 35 U.S.C. §120, and, therefore, paper copies of these references are not enclosed. Should the Examiner require paper copies of some or all of these references, the Undersigned may be contacted at the telephone number listed below.

REMARKS

In accordance with the provisions of 37 C.F.R. 1.97, this statement is being filed (CHECK ONE):



- (1) within three (3) months of the **filing date** of a national application other than a continued prosecution application under 37 C.F.R. 1.53(d), or within three (3) months of the **date of entry of the national stage** as set forth in 37 C.F.R. 1.491 in an international application, or before the mailing of the **first Office action** on the merits, or before the mailing of a **first Office action** after the filing of a request for continued examination under 37 C.F.R. 1.114; or

- ☐ (2) after the period defined in (1) but before the mailing date of a **final action** or a **notice of allowance** under 37 C.F.R. 1.311, and
- ☐ the requisite Statement is below, **OR**
- ☐ the requisite fee under 37 C.F.R. 1.17(p), namely **\$180.00**, is included herein, or
- ☐ (3) after the mailing date of a **final action** or **notice of allowance** but before the payment of the **issue fee**, **AND**
- ☐ the requisite Statement is below, **AND**
- ☐ the requisite petition fee under 37 C.F.R. 1.17(p), namely **\$180.00** is included herein.

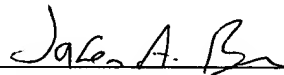
It is respectfully requested that each of the patents and publications listed on the attached Form PTO-1449, and other information contained herein, be made of record in this application.

STATEMENT

As required under 37 C.F.R. 1.97(e), Applicant(s), through the undersigned, hereby state either that:

- ☐ 1. Each item of information contained in the Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application **not more than three months** prior to the filing of the Information Disclosure Statement; or
- ☐ 2. No item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing this Statement after making reasonable inquiry, no item of information contained in the Information Disclosure Statement was known to **any individual** designated in 37 C.F.R. 1.56(c) **more than three months** prior to the filing of the Information Disclosure Statement.

Respectfully submitted,



Jason A. Reyes
Attorney for the Applicant
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, Massachusetts 02110

Date: May 5, 2004
Reg. No.: 41,513

Tel. No.: (617) 248-7589
Fax No.: (617) 248-7100

3061720